

Laboratory Report

Report Date: 09/16/2016

Heather E. D.



Chain of Custody Record

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526 CHESTNUT STREET

VIRGINIA, MINNESOTA 55792

218-741-4290 * FAX 218-741-4291

WO#: 1274463


PM: HRZ

Due Date: 09/23/16

CLIENT: NTS-Dave J

COC#: _____

CLIENT NAME, ADDRESS, PHONE#:			REPORT TO:			TYPE & # CONTAINERS										Comments:				
US Steel MinnTac			Tom Moe - USS Minntac Scott Seeley - NTS, 218-742-1028																	
SAMPLER: <i>Corey Andrews</i>			PERMIT REQ.: Yes																	
PROJECT: NPDES Data Gaps Monitoring			MONTH: September 2016																	
PROJ. NO: 10170C			COLLECTION:			MATRIX														
LOG-IN	SAMPLE #	DESCRIPTION	DATE	TIME	LIQ	SOL	Filtered	General - 1 Liter plastic	Metals - 500 ml HNO3 (total)	Metals - 250 ml HNO3 (dissolved)	LL Mercury Bottles	1000 mL Glass Amber	Nutrients - 500 mL H2SO4	(3) 40mL Vials - HCl	pH (SU)	Sp. Cond. us/cm	Temperature (°C)			
															Field	Field	Field	Field	ANALYSIS:	
	SW-001	Sand River Station 701	09/09/16	0915	X		N	1	1						7.46	380	16.38		Bicarbonates, Cl, SO4, Ca, Mg	
RELINQUISHED BY: <i>Corey Andrews</i>			DATE: 09/19/16			RECEIVED BY:			DATE:											
			TIME: 1212						TIME:											
RELINQUISHED BY:			DATE:			RECEIVED BY:			DATE:											
			TIME:						TIME:											
RECEIVED FOR LAB BY: <i>Ty Bll</i>			TEMP AT ARRIVAL:																	
			2.0 °C																	
DATE: 9-9-16	TIME: 12:12	REPORT DATE: 2 weeks from submittal																		

	Document Name: Sample Condition Upon Receipt Form	Document Revised: 23Feb2015 Page 1 of 1
	Document No.: F-VM-C-001-Rev.09	Issuing Authority: Pace Virginia, Minnesota Quality Office

**Sample Condition
Upon Receipt**

Client Name:

NTS

Project #:

WO# : 1274463



Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client
☐ Commercial ☐ Pace ☐ Other: _____

Tracking Number: _____

Custody Seal on Cooler/Box Present? ☐ Yes ☒ No Seals Intact? ☒ Yes ☐ No

Optional: Proj. Due Date: _____ Proj. Name: _____

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ None ☒ Other: _____

Temp Blank? ☒ Yes ☐ No

Thermometer Used: ☒ 140792808

Type of Ice: ☐ Wet ☐ Blue ☐ None

☒ Samples on ice, cooling process has begun

Cooler Temp Read °C: 1.7

Cooler Temp Corrected °C: 2.0

Biological Tissue Frozen? ☐ Yes ☐ No ☒ NA

Temp should be above freezing to 6°C

Correction Factor: +0.3

Date and Initials of Person Examining Contents: Ty BCP 9-9-16

Comments:

Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered Volume Received for Dissolved Tests?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes Date/Time/ID/Analysis Matrix: <u>WT</u>		
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased): _____		

CLIENT NOTIFICATION/RESOLUTION

Field Data Required? ☐ Yes ☐ No

Person Contacted: _____ Date/Time: _____

Comments/Resolution: _____

FECAL WAIVER ON FILE Y N

TEMPERATURE WAIVER ON FILE Y N

Project Manager Review:

Hester 30

Date:

9/9/16

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Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)